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August 9, 1978

Attallah Kappas, M.D.
Professor and Physician-in-Chief
The Rockefeller University
New York, N.Y. 10021

Dear Kap:

I am very grateful to you and Pete for the effort which you have put forward in trying to work out a difficult situation. I thought it would be useful for me to summarize my understanding of where things stand, in order to avoid the sort of misunderstanding which arose between Dr. Lederberg and myself. I believe, in the course of the conversation, I pointed out that if I were a Member and my salary was paid by Rockefeller, then I would be able to bring an additional position with me. It has always been clear to me that if I were to become an Adjunct Professor that I would have to provide my own salary. I said that I would certainly hope that an adjunct appointment would eventually lead to embership. Perhaps it is in this way that his recollection was of my asking for a salary.

What I was not clear about (and I am still not entirely clear about it), is the following: My recollection from our previous conversation is that one of the advantages of an Adjunct Professorship is that I would not be limited by the pay scale of the Members. It was my understanding that there were precedents for this and that it presented no problem.

My present understanding is as follows:

1. Dr. Lederberg would be willing to support my appointment as Adjunct Professor.
2. He is not, at present, willing to allocate any laboratory space on either a formal or an informal basis.
3. Since I will clearly have to maintain my laboratory out on Staten Island, a parking space would be made available to me.
4. Use of a CRC secretary for patient correspondence and admission summaries would be available as necessary.
5. There is the possibility of making one of the Clinical Fellowships available to me through one of the present Members in order to facilitate my use of the Clinical Research Center. Since it is 25

miles out to my laboratory, such an appointment would greatly facilitate my use of the Clinical Research Center and would provide for meaningful coverage. This would be of particular importance in terms of anorexia nervosa projects since these patients are particularly difficult to manage and have a high suicide rate.

Although many people are away during August, I hope that we can move things forward in September. I am gathering my thoughts about the anorexia nervosa project, but I agree with you that it will not be in shape for November I grant application. Nevertheless, I would be glad for the opportunity to meet Jack Fishman soon.

With best personal regards,

Yours sincerely,



Gerald E. Gaull, M.D.

GEG:la

cc: Dr. Edward Ahrens, Jr.